

# APPLICATION FOR INDIVIDUAL RESIDENT OR NON RESIDENT INSURANCE PRODUCER, SURPLUS LINES BROKER, PUBLIC OR CLAIMS ADJUSTER LICENSE

Read the application carefully and PRINT or TYPE your responses. Incomplete applications will cause delays in the licensing process. Application for licenses not requiring an exam and nonresident applications must be mailed directly to this Department.

**Check appropriate box for license requested.**

- ☐ Resident License (Check if you are a first-time application or if more than five years has elapsed since you last held a license)
- ☐ Non-Resident License (Check if you hold a resident license in another state or province of Canada)
- Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

① Soc. Security Number - - - - -		② If assigned, National Producer Number (NPN) _____	
③ If applicable, NASD Individual Central Registration Depository (CRD) Number _____		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Full Middle Name
⑧ Date of Birth (month) ____ (day) ____ (year) ____			
⑨ Residence/Home Address (Physical Street)	⑩ P.O. Box	⑪ City	⑫ State
⑬ Zip Code		⑭ Foreign Country	
⑮ Home Phone Number ( ) -	⑯ Gender (Circle One) Male Female	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)	
⑱ Business Entity Name			
⑲ Business Address (Physical Street)	⑳ P.O. Box	㉑ City	㉒ State
㉓ Zip Code		㉔ Foreign Country	
㉕ Business Phone Number ( ) -	㉖ Business Fax Number ( ) -	㉗ Business E-Mail Address	㉘ Business Web Site Address
㉙ Applicant's Mailing Address	㉚ P.O. Box	㉛ City	㉜ State
㉝ Zip Code		㉞ Foreign Country	
㉟ a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business.			
b. List any trade names under which you are currently doing business or intend to do business.			

## Agency or Business Entity Affiliations

㊿ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)			
FEIN _____	NPN _____	Name of Agency _____	
FEIN _____	NPN _____	Name of Agency _____	
FEIN _____	NPN _____	Name of Agency _____	

## Employment History

㊿ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.					
Name	From Month	Year	To Month	Year	Position Held
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

FISCAL DIVISION ONLY	AGENT LICENSING ONLY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">FOR DEPARTMENT OF INSURANCE USE ONLY</th> </tr> <tr> <td>Classification Number</td> <td></td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Initials</td> <td></td> </tr> <tr> <td>License Number</td> <td></td> </tr> <tr> <td>Issue Date</td> <td></td> </tr> </table>	FOR DEPARTMENT OF INSURANCE USE ONLY		Classification Number		Date Processed		Initials		License Number		Issue Date	
FOR DEPARTMENT OF INSURANCE USE ONLY														
Classification Number														
Date Processed														
Initials														
License Number														
Issue Date														

Place an X by the license type for which you are applying				
<input type="checkbox"/>	Producer	<input type="checkbox"/>	Surplus Lines Broker	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Public Adjuster	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Claims Adjuster	<input type="checkbox"/>
Place an X by one				
<input type="checkbox"/>	Resident License	<input type="checkbox"/>	Nonresident License	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Temporary License	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Amended License	<input type="checkbox"/>

Producer Major Lines of Authority – Place an X by the license code(s) for which you are applying				
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
<input type="checkbox"/> Life	A	Yes	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Health & Accident	B	Yes	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Life Health & Accident	C	Yes	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Property	J	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Casualty	K	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Property & Casualty	LM	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Personal Lines	W	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Variable Contracts	Z	No	\$75	April 30 <sup>th</sup> Every Year
<input type="checkbox"/> Surplus Lines	S	Yes	\$250	April 30 <sup>th</sup> Every Year

Producer Credit Lines of Authority – Place an X by the license code(s) for which you are applying				
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
<input type="checkbox"/> Credit Life	E	No	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Credit Health & Accident	F	No	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Credit Life Health & Accident	EF	No	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Credit Property and Casualty	R	No	\$75	April 30 <sup>th</sup> Odd Years

Producer Limited Lines of Authority – Place an X by the license code(s) for which you are applying				
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
<input type="checkbox"/> Industrial Fire	O	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Bail Bond	P+	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Vehicle Physical Damage	M	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Fidelity & Surety	P	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Title	N	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Industrial Life Health & Accident	D	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Home Service	H	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Travel	I	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
<input type="checkbox"/> Baggage	Q	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Odd Years

Claims Adjuster Lines of Authority – Place an X by the license code(s) for which you are applying – For Definitions See Page 2				
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
<input type="checkbox"/> Automobile	G1	Yes	\$55	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Personal Lines	G2	Yes	\$55	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Commercial Lines	G3	Yes	\$55	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Comprehensive	G4	Yes	\$55	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/> Crop	G6	Yes	\$55	April 30 <sup>th</sup> Odd Years

☐ **Claims Adjusters Only** - an individual who has been actively engaged in the business of adjusting insurance claims for at least three consecutive years in this state or has five total years of adjusting experience may apply to the commissioner for a license without passing the examination. In order to receive an exemption, the individual must have the required experience in each line of authority applying for. If you wish to apply for this exemption please check the Department's website under Adjuster Licensing at [www.lti.state.la.us](http://www.lti.state.la.us) for detailed information.

Public Adjuster – Place an X by the license code for which you are applying				
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
<input type="checkbox"/> Public Adjuster	G5	Yes	\$55	April 30 <sup>th</sup> Odd Years

**Licensing fees are nonrefundable and nontransferable.**

Regardless of the date of issue, all life, health & accident licenses expire on April 30 of the even-numbered years, all property & casualty licenses expire on April 30 of the odd-numbered years and all Public and Claims Adjuster licenses expire on April 30 of odd-numbered years.

☐ **Producers Only:** To avoid having to renew this license, I wish to have my license issued for May 1, and I understand that I cannot sell, solicit or negotiate insurance policies until May 1.

☐ **Nonresidents Only:** If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB.

License Type \_\_\_\_\_

## Background Information

38 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrears? Yes \_\_\_ No \_\_\_

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to a repayment agreement? Yes \_\_\_ No \_\_\_
- c) are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_

### Applicants Certification and Attestation

69 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure. (Applicable only to residents of Alaska).

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Producer Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).